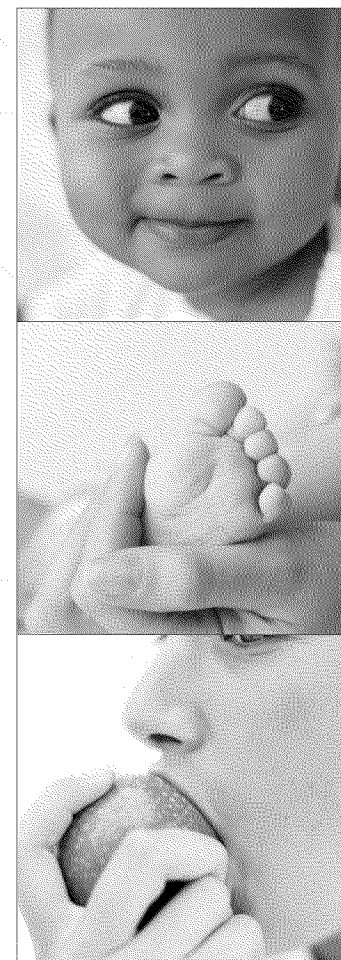


# Risk Assessment is Critical to Regulatory Decision-Making

- U.S. EPA is both a regulatory agency and a science agency
- U.S. EPA operates under many laws that require the assessment of potential risk from exposure to environmental contaminants
- Risk assessment is how EPA determines potential health or ecological risk from exposure to environmental contaminants, and is crucial for the major programs in the Agency (water, air, waste)
- Risk assessment evolves with advancement in science and new understandings about uncertainty, mode of action, metabolism, susceptibility, etc.



# What is Hazard?

The inherent toxicity of a compound. Hazard identification of a given substance is an informed judgment based on verifiable toxicity data from animal models or human studies.

(EPA's Glossary of Terms of the Environment)

E.g., a shark,  
swimming in an  
aquarium



# What Is Risk?

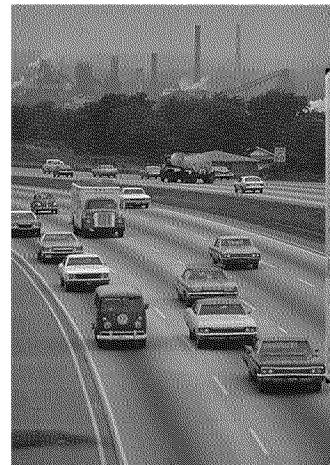
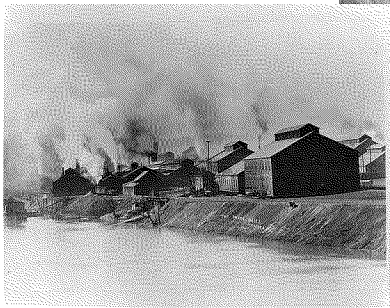
The hazard which may result at specific levels of exposure to compound, or mixture of compounds.

E.g., swimming  
WITH the shark in an  
aquarium



# For a Risk to Occur...

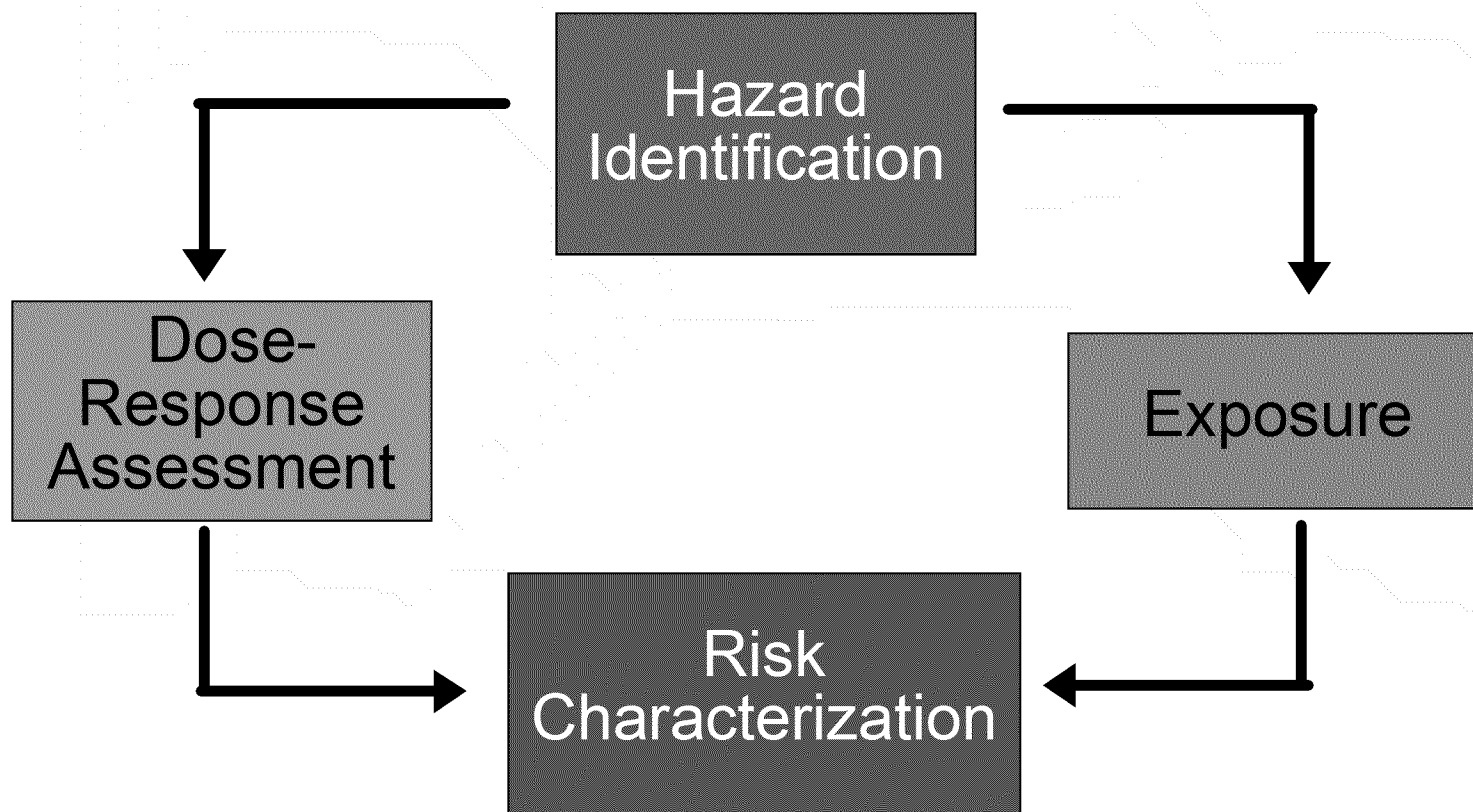
- Hazard(s) must exist, and
- Exposure must take place





# How Do We Assess Risk?

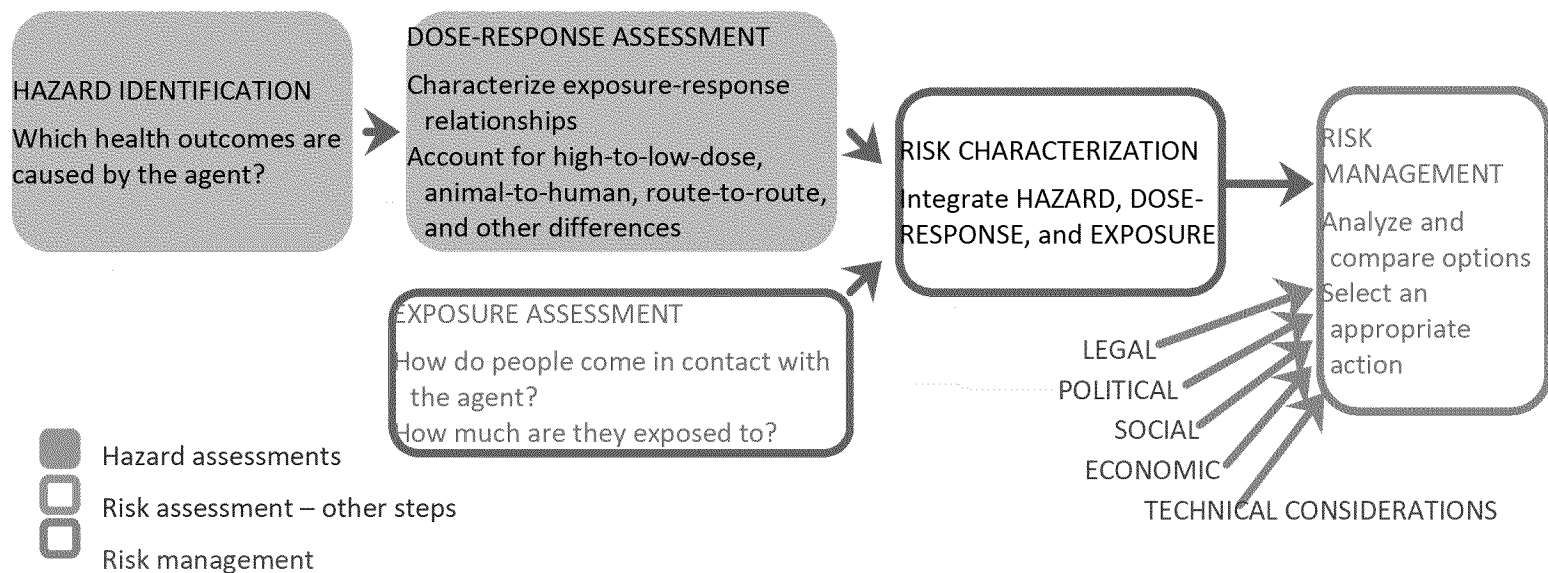
Follow the National Academy of Sciences (NAS) four-step risk assessment paradigm



National Research Council's *Risk Assessment in the Federal Government: Managing the Process*, 1983.

# Hazard Assessment / Risk Assessment / Risk Management

- IRIS assessments address two parts of the risk assessment process (Hazard Identification and Dose-Response Assessment). Risk Assessment is separate from the policy considerations of Risk Management.
- IRIS assessments have no direct regulatory impact until they are combined with:
  - extent of exposure to people, cost of cleanup, available technology, etc.
  - regulatory options, which are the purview of EPA's program offices.



# What Kind of Information is Available for Hazard Assessment and Dose Response?

Primary information relevant to human hazard characterization generally comes from three data “streams”:

- Exposed humans
- Exposed animals
- Cells/tissues exposed in vitro



Evidence  
Integration

# Mode of Action (MOA)

## Mode of action:

- The chain of biological “key” events leading to a hazard.

## Key Events:

- Empirically observable precursor steps that are individually necessary elements or biomarkers.
- In combination, are sufficient for carcinogenesis.

## Application:

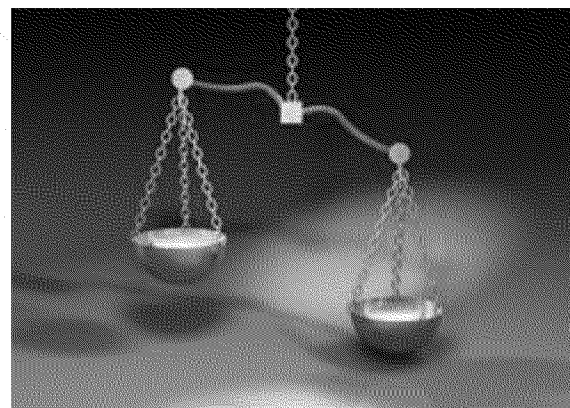
- Identify active chemical species.
- Identify susceptible subpopulations and lifestages.
- Contribute to integration of evidence “streams”.
- Inform quantitative extrapolation.



# Weight-of-Evidence Evaluation (WOE)

## Weight-of-Evidence:

- A system used for characterizing the extent to which the available data support the hypothesis that an agent causes cancer in humans.
- The approach outlined in EPA's guidelines for carcinogen risk assessment (2005):
  - considers all scientific information in determining whether and under what conditions an agent may cause cancer in humans, and
  - provides a narrative approach to characterize carcinogenicity rather than categories.
  - Five standard weight-of-evidence descriptors are used as part of the narrative.



# Cancer Characterization with Overall Descriptor

**Human  
Evidence**

**Animal  
Evidence**

**Mechanistic  
Evidence**

## **Evidence Integration and Overall evaluation**

- ▮ *Carcinogenic to humans*
- ▮ *Likely to be carcinogenic to humans*
- ▮ *Suggestive evidence of carcinogenic potential*
- ▮ *Inadequate information to assess carcinogenic potential*
- ▮ *Not likely to be carcinogenic to humans*



## Potential dose:

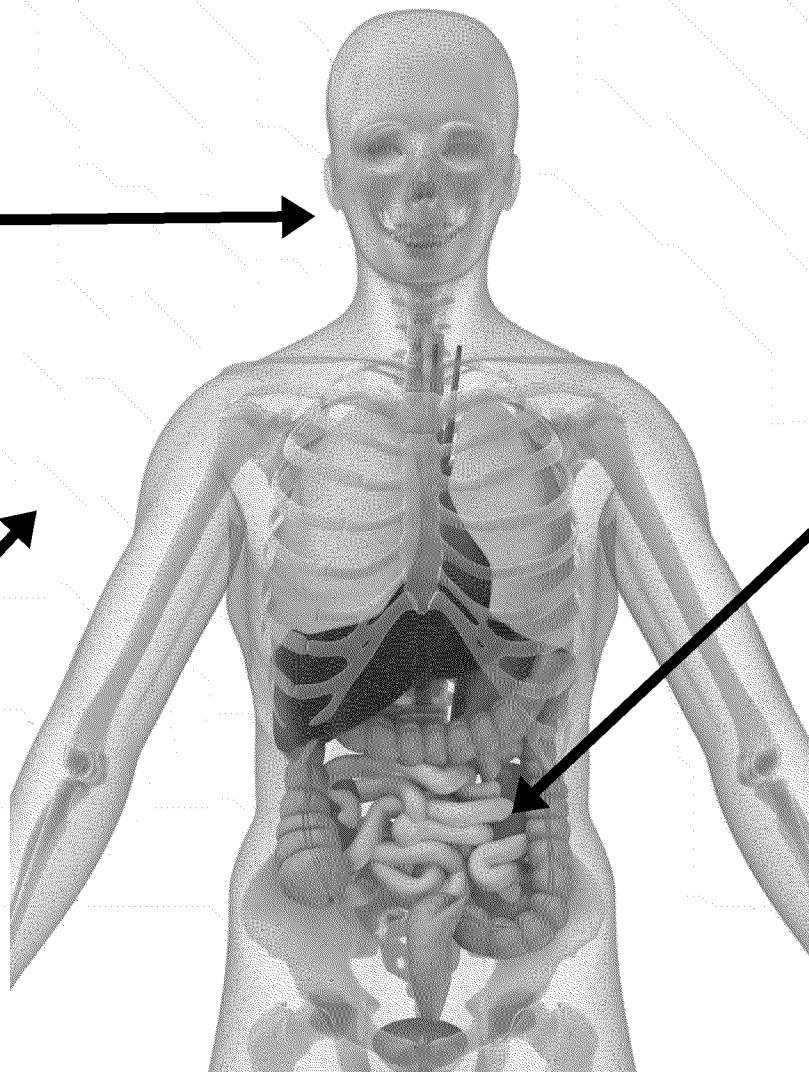
Ingested, inhaled,  
applied to skin

( $\mu\text{g} / (\text{kg} \times \text{day})$ ),  
or ( $\mu\text{g} / \text{kg-day}$ )

## Applied dose:

Available for  
absorption

( $\mu\text{g} / \text{m}^3$ )



## Internal dose:

Amount absorbed  
and available for  
interaction

( $\mu\text{g} / \text{kg}$ )

# Dose-Response Assessment

- Purpose: To evaluate the quantitative **relationship** between **dose** and toxicological **responses**. (EPA's Terms of the Environment)
  - Responses of interest are measures of health hazards
- Examples of response measures:
  - Incidence of or change in level or severity of hazard.
  - Percent response in a group of subjects (or populations).
  - Probability of occurrence or change in level or severity of hazard within a population. (EPA's IRIS Glossary)

# Dose-Response Terminology

## POD

**Point of Departure.** A point on the dose-response curve at or above which a significant incidence or change in response level occurs for a biologically and/or statistically significant adverse or precursor effect. The starting point from which reference values are derived and beginning of low-dose extrapolation.

## LOAEL

Lowest-Observed-Adverse-Effect Level.  
Lowest administered dose at which  
significant effects are observed.

## NOAEL

No-Observed-Adverse-Effect Level.  
Highest administered dose at which no  
significant adverse effects are  
observed.

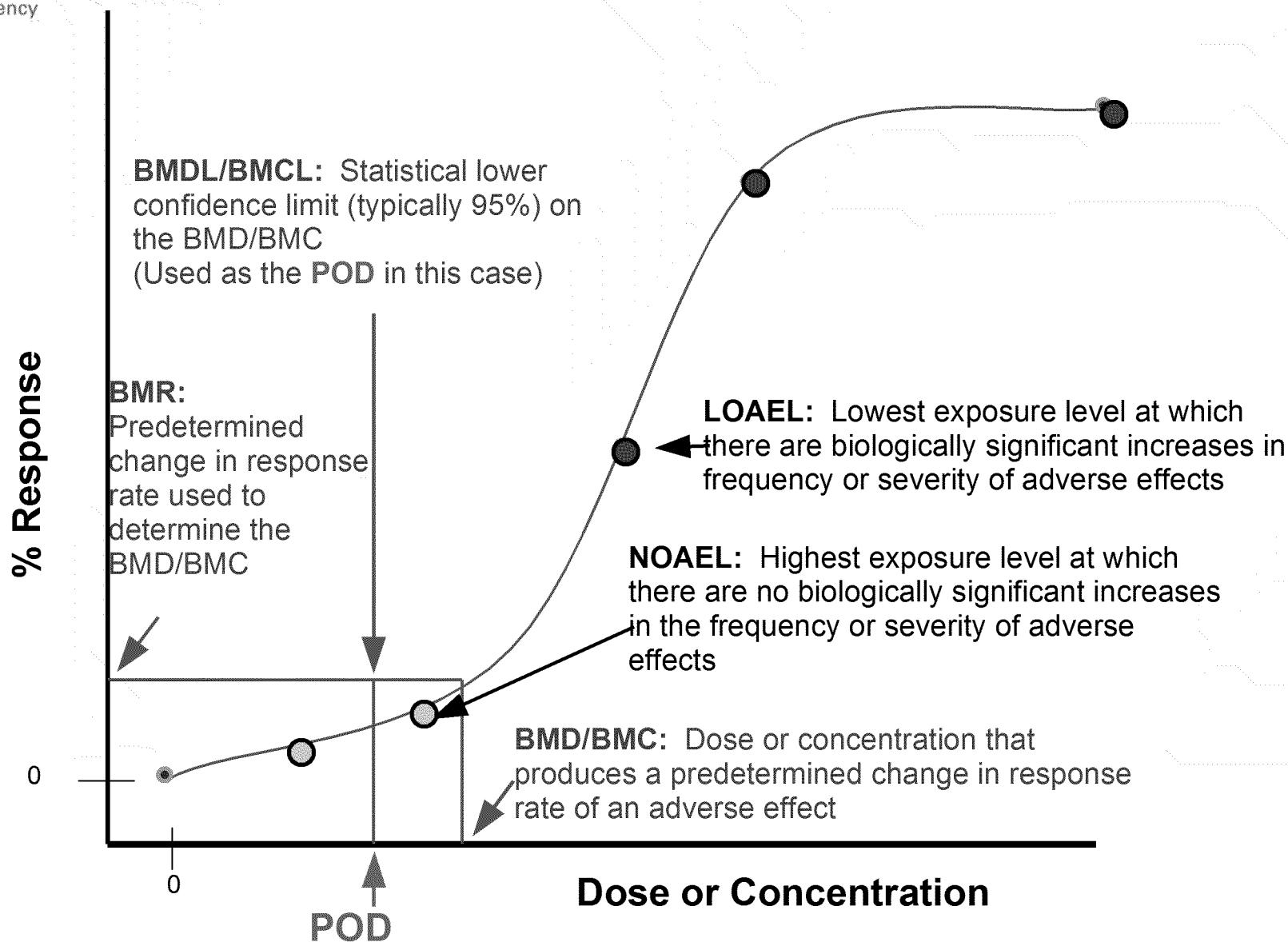
## BMD

Benchmark Dose. A calculated dose that  
produces a predetermined change in  
response rate of an adverse effect (called the  
**benchmark response** or **BMR**) compared to  
background

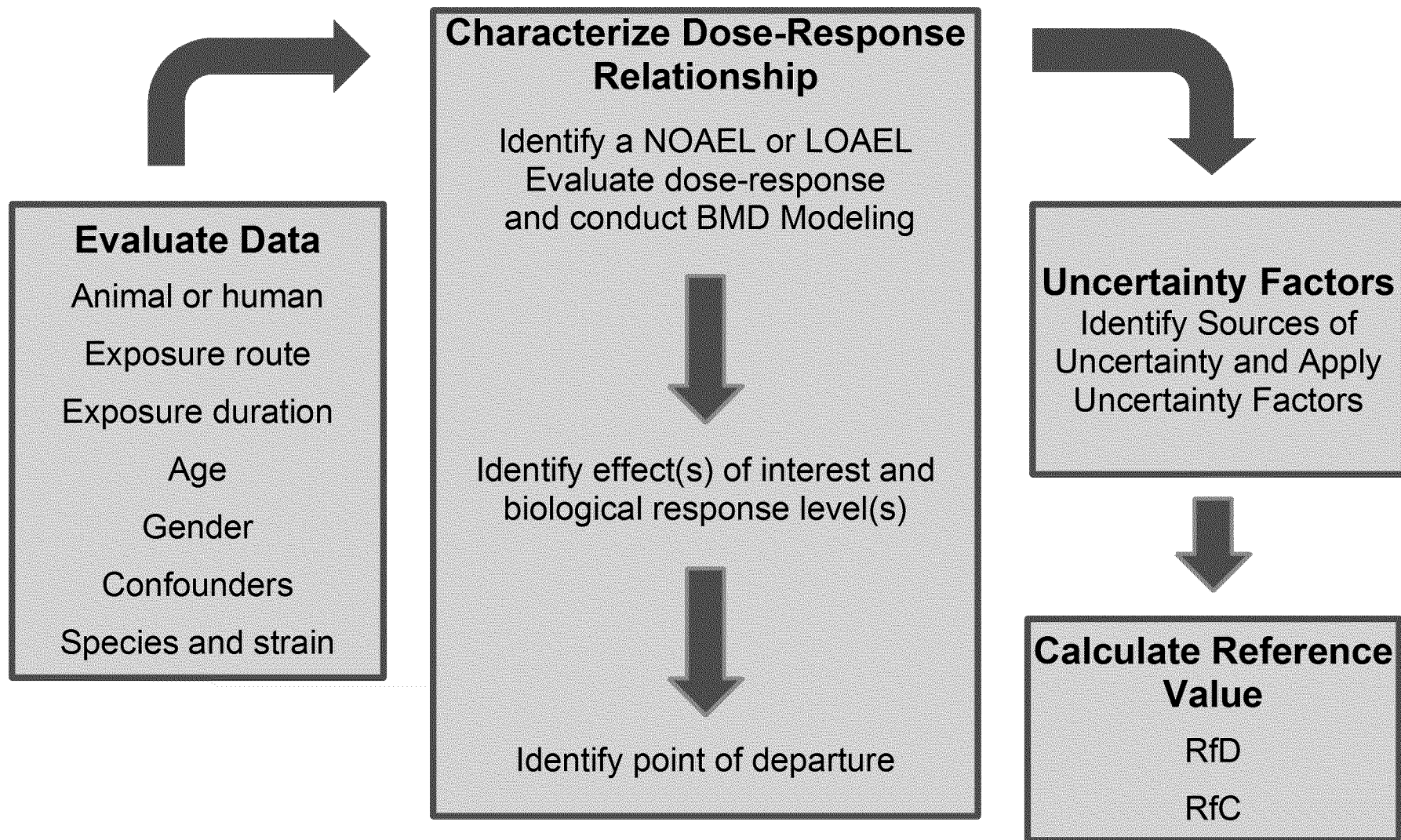
## BMDL

A statistical, lower confidence limit (typically  
at 95%) on the BMD.

# PODs, Illustrated



# Dose-Response Assessment: Non-Cancer



# Noncancer Toxicity Values

- **Reference Concentration (RfC):** an **estimate of a continuous inhalation exposure to the human population** (including sensitive subgroups) that is **likely to be without an appreciable risk of deleterious effects during a lifetime.**
- **Reference Dose (RfD):** An **estimate of a daily oral exposure to the human population** (including sensitive subgroups) that is **likely to be without an appreciable risk of deleterious effects during a lifetime.**
  - These can be derived from a NOAEL, LOAEL, or benchmark dose, with uncertainty factors generally applied to reflect limitations of the data used.



# Variability and Uncertainty

- **Variability**

- Actual biological heterogeneity or diversity

- **Uncertainty**

- A lack of knowledge regarding the extent of biological variability, or resulting from extrapolation: e.g. within populations, between species, across durations or concentrations.

# Uncertainty Factors

- UFH – Human variability
- UFA – Animal-to-human extrapolation
- UFS – Subchronic-to-chronic extrapolation
- UFL – LOAEL-to-NOAEL extrapolation
- UFD – Database deficiencies
- **UFC – Composite UF = (UFH × UFA × UFS × UFL × UFD)**

Select a 1, 3,  
or 10



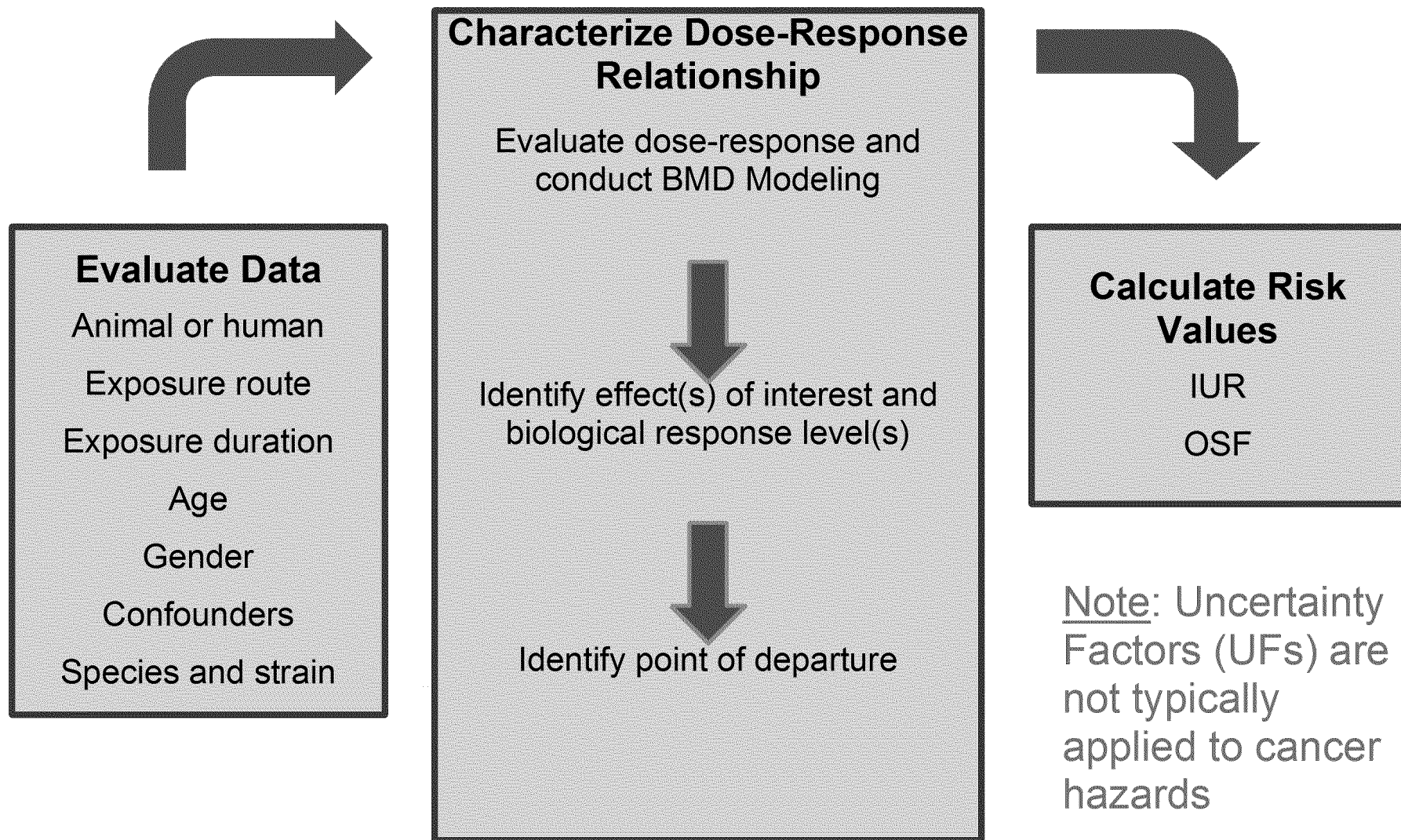
# Deriving Noncancer Reference Values

Reference Value = Dose ÷ Uncertainty

$$\text{RfV} = \text{POD} \div \text{UFC}$$

- RfV: An estimate of a daily exposure to the human population (including sensitive subgroups) that is likely to be without an appreciable risk of deleterious effects during a lifetime.

# Dose-Response Assessment: Cancer



# Cancer Toxicity Values

- **Inhalation Unit Risk (IUR):** The upper-bound excess lifetime cancer risk estimated to result from continuous exposure to an agent at a specified concentration (typically  $1 \mu\text{g}/\text{m}^3$  in air).
- **Oral cancer slope (OSF):** An upper bound, approximating a 95% confidence limit, on the increased cancer risk from a lifetime oral exposure to an agent.
- These estimates are generally derived from benchmark concentrations or doses, and reserved for use in the low-dose region of the dose-response relationship

# Age Dependent Adjustment Factors (ADAFs)

For carcinogens which appear to be operating through a mutagenic mode of action (MOA):

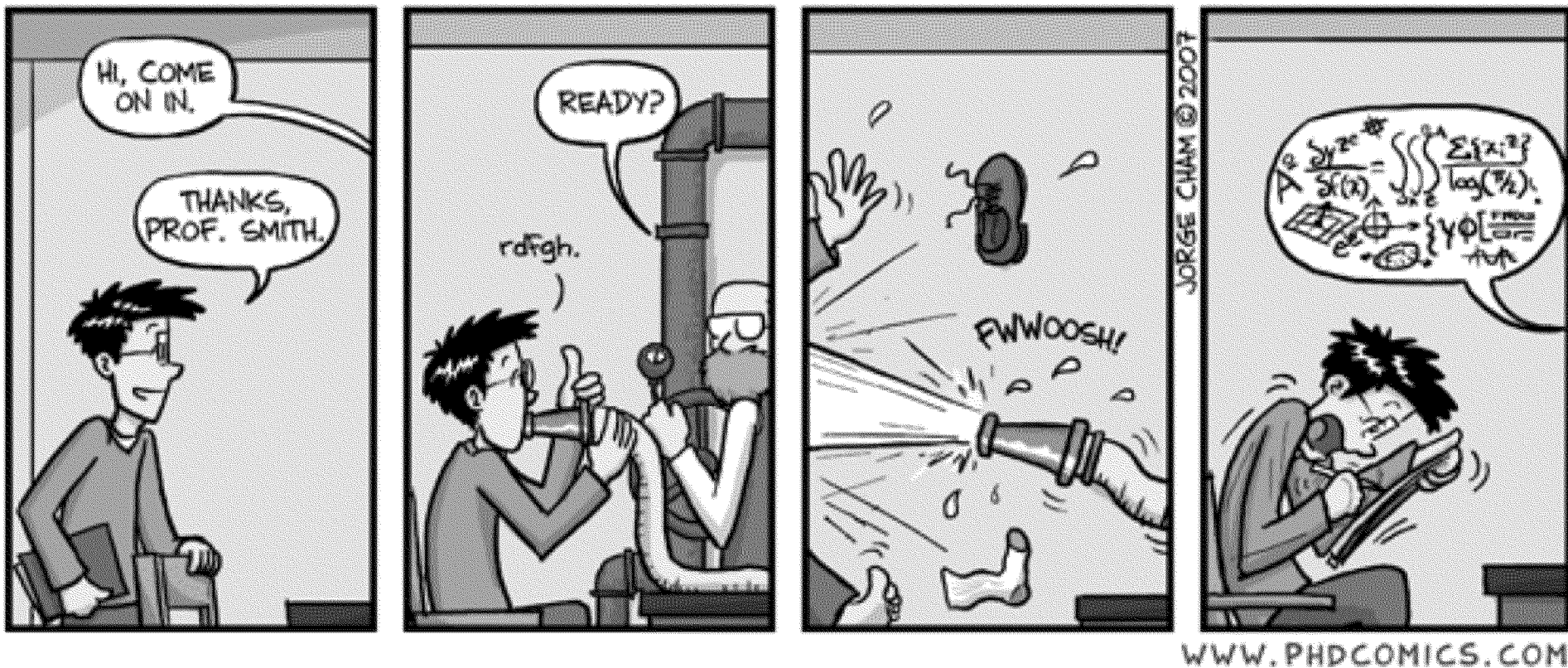
- Infants and young children experience increased cancer risk from mutagens (e.g. radiation)
- Supplemental Guidance for Assessing Susceptibility from Early-Life Exposure to Carcinogens (U.S. EPA, 2005) recommend applying ADAFs
  - <https://www.epa.gov/risk/supplemental-guidance-assessing-susceptibility-early-life-exposure-carcinogens>



# Derivation of Quantitative Cancer Values

- The cancer risk value is derived from the POD, by dividing the risk (e.g. 10%) by the BMDL at that risk level (e.g. BMDL10):
  - Example: Cancer slope factor =  $0.1 \text{ (extra risk)} \div \text{BMDL10}$
- Typically expressed in units that are the inverse of dose/concentration units [e.g.  $(\mu\text{g}/\text{m}^3)^{-1}$ ].
- Can be multiplied by an estimate of lifetime exposure to quantify the lifetime cancer risk at that concentration.
- For example, for an Inhalation Unit Risk (IUR) =  $2 \times 10^{-6} (\mu\text{g}/\text{m}^3)^{-1}$ 
  - 2 excess cancer cases are expected to develop per 1,000,000 people exposed daily to 1  $\mu\text{g}$  of the chemical per  $\text{m}^3$  of air, for a lifetime.

# Information Overload?



Drinking from the firehose...

- Additional slides

# Identify Toxicity

## Effects

- What effects are observed from the data collected?

## Toxicokinetics

- What does the body do to the chemical?

## Toxicodynamics

- What does the chemical do to the body...

## Mode of action

- ...and how does the chemical act to produce a hazard?

## Weight of evidence

- How likely is this chemical to cause non-cancer hazard or cancer and under what conditions?

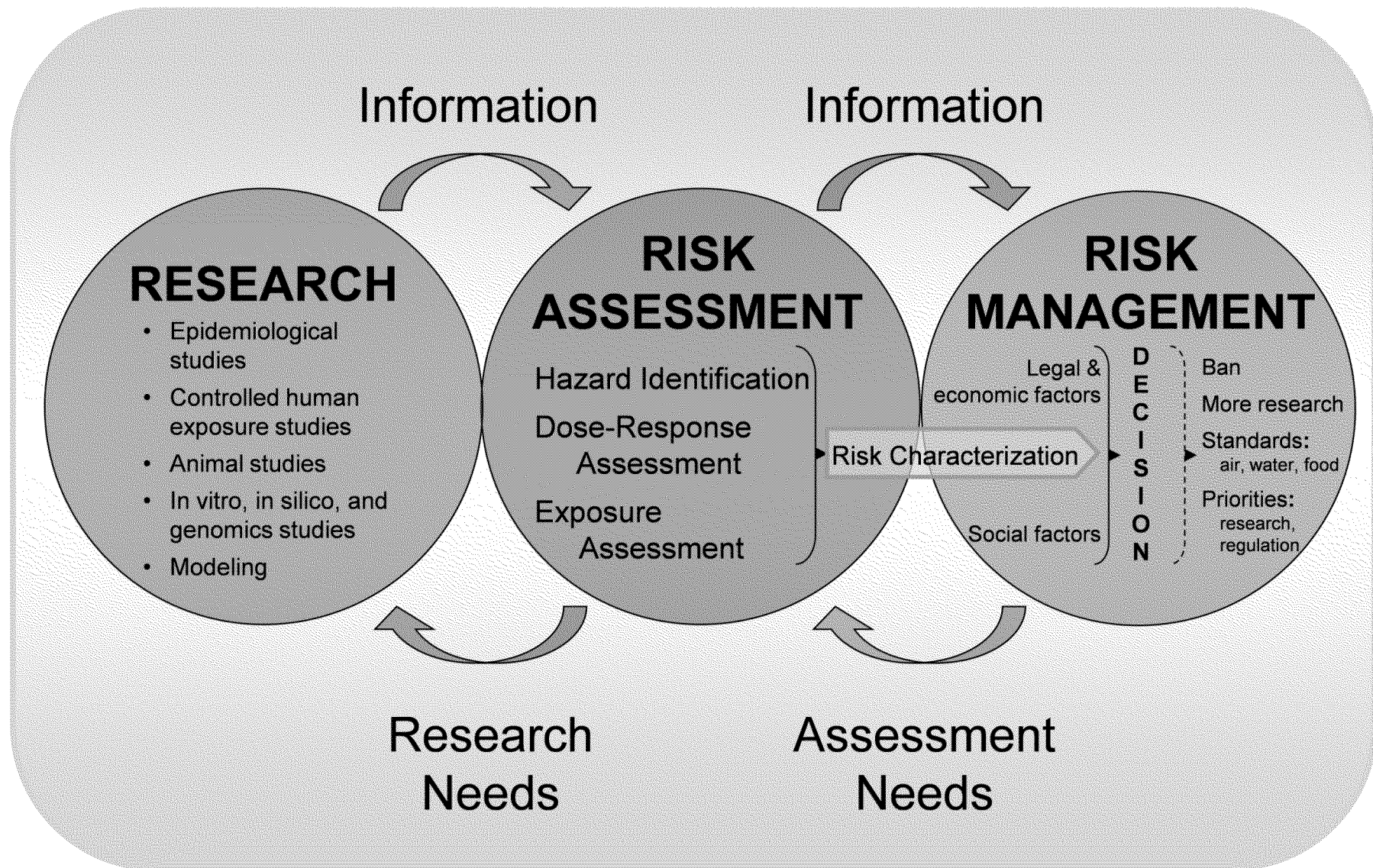
## Causality Framework

- A way to organize and evaluate toxicity information to assess causality given those data.

# Three tools, three different purposes

- All three incorporate a variant of hazard characterization
- Risk Assessment combines hazard characterization with exposure characterization to determine potential for adverse effect of a chemical or “risk”
  - May address what levels are association with no/low risk i.e., reference values, or
  - Determine if a risk exists in a specific site or exposure scenario
- Alternatives assessment identifies, evaluates and compares hazard of chemicals across a similar use or exposure based on a chemical that is a known risk, e.g., PBDE flame retardant, for purpose of selecting a safer chemical
- Life Cycle Assessment measures or estimates the total impacts of resource extraction, energy use, water use, chemical emissions and more, across a chemical or product life cycle (resource extraction, chemical synthesis, use, disposal) to identify how to reduce overall environmental footprint of a product

# Risk Analysis Paradigm





# Major Assumptions in Noncancer Dose-response Assessment

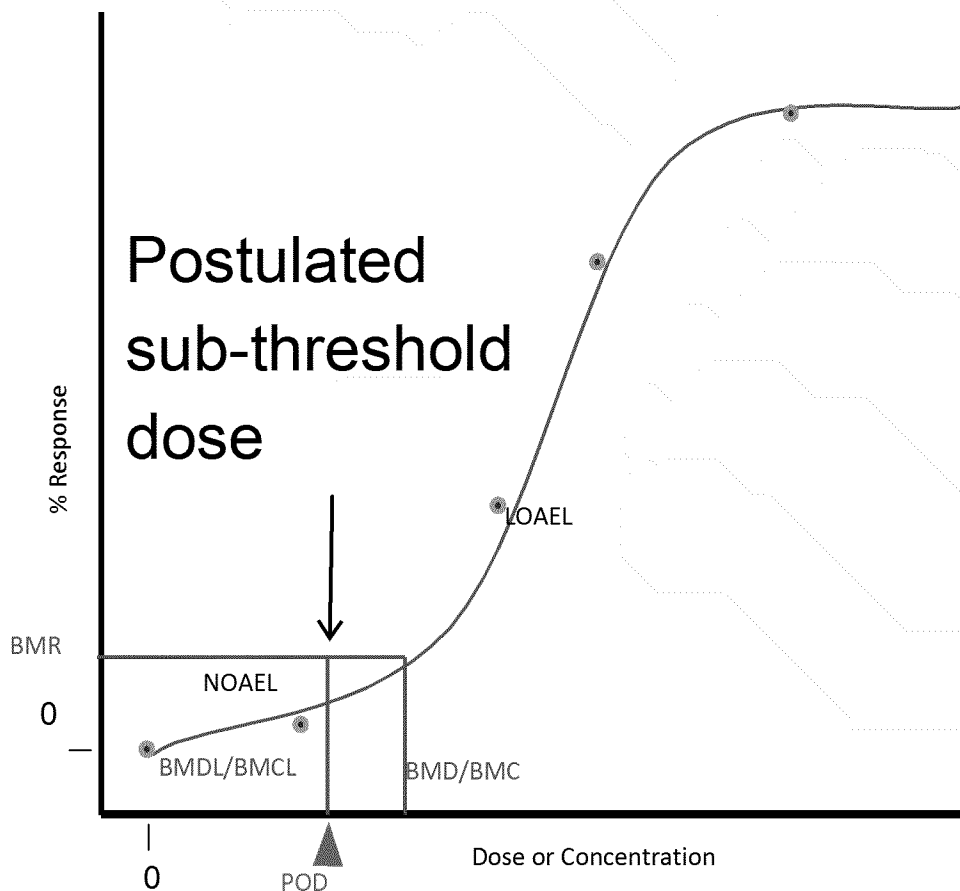
Default approach:  
nonlinear dose-response  
relationship

## Assumptions:

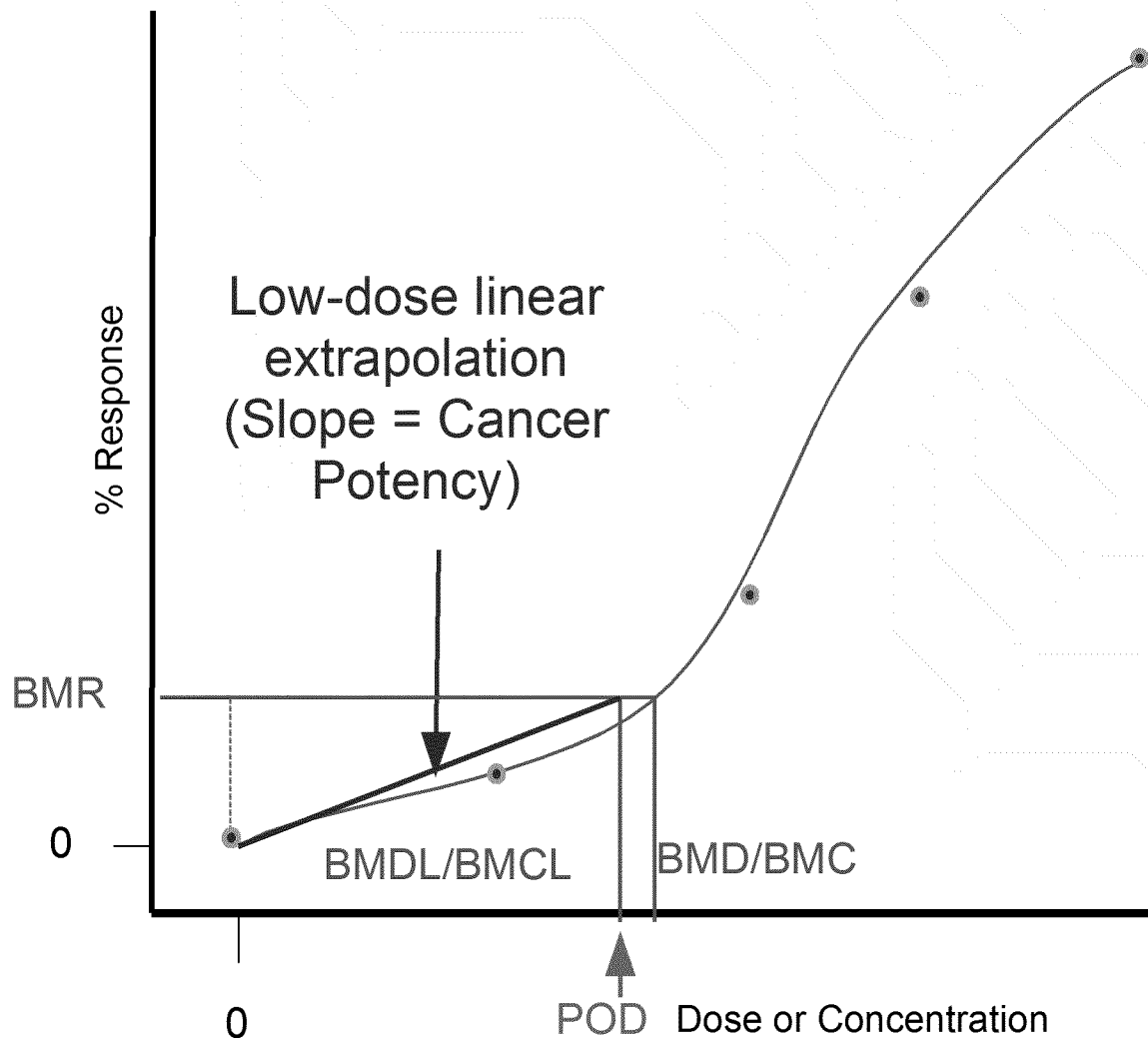
- A population threshold exists
- Reference values determined from POD represent sub-threshold doses
- Effects in animals will also occur in humans

## Notable exceptions:

- PM, lead



# Major Assumptions in Cancer Dose-response Assessment



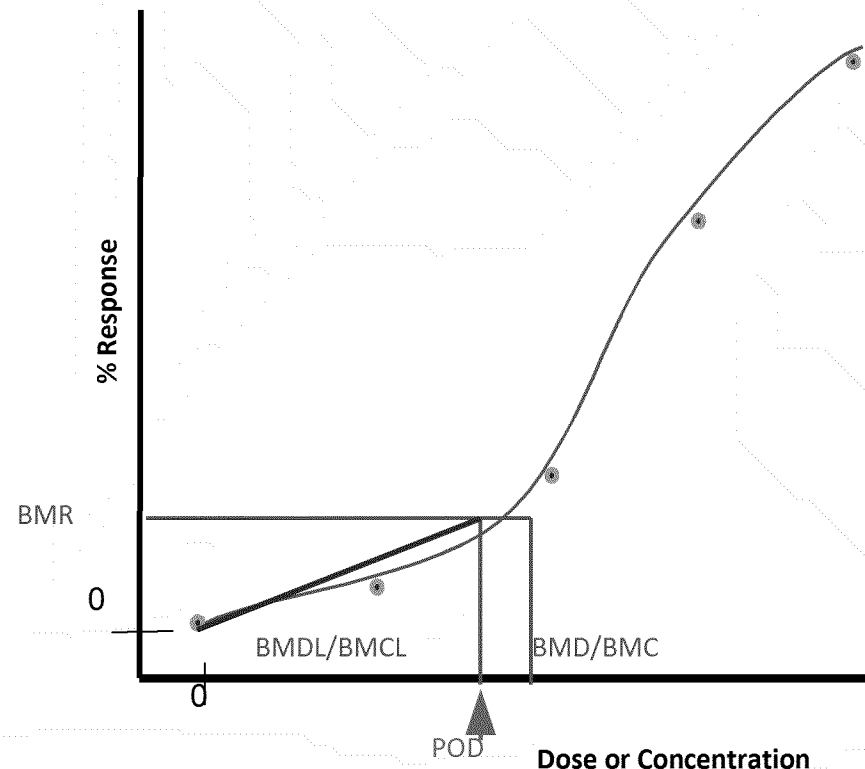
Default Approach:  
Low-dose linear dose-response relationship

## Assumptions:

- MOA in low-dose region is approximately linear
- Probability of effect dependent on lifetime average daily dose
- Any exposure increases risk
- Effects in animals will also occur in humans

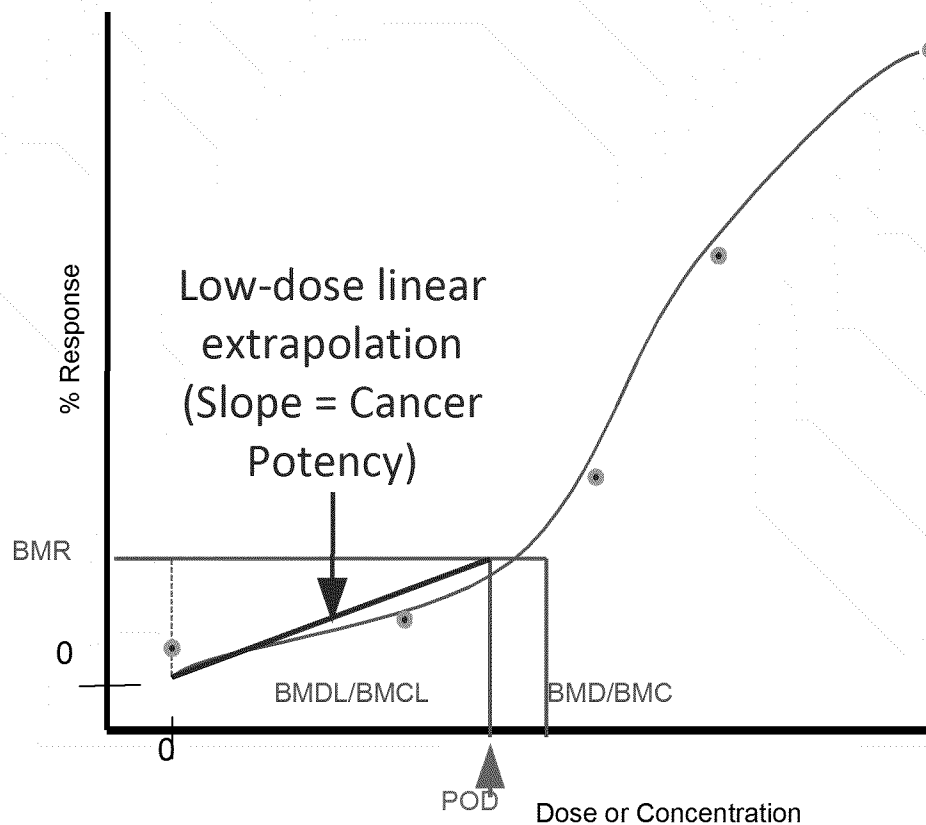
# Derivation of Quantitative Cancer Risks

- Derivation of the Oral Slope Factor (or inhalation unit risk)
- Step 1: Assuming a linear dose-response relationship, draw a straight line from the POD to the origin
- Step 2: Calculate the slope of the straight line (BMR/BMDL)
- OSF or IUR = BMR/BMDL at BMR (e.g. 0.1/BMDL10)
- Calculation of the Unit Risk for Drinking Water
- Using the slope, the ingestion rate and body weight, calculate the unit risk for drinking water (you might need to adjust for units)
- $UR = OSF \times (IR \div BW)$



# Limitations in Cancer Dose-Response Assessment

- To deviate from default approach, mode of action analysis must clearly show a nonlinear response at low doses
- No treatment of uncertainty associated with:
  - Interspecies extrapolation,
  - High-dose to low-dose extrapolation
  - Limitations of dose-response studies to capture all relevant information
- Little consideration of variations in the population in terms of susceptibility and vulnerability
  - Exception:  
Mutagenic carcinogens



# Derivation of Quantitative Cancer Risks (cont'd): Policy Decisions!

- Risk Characterization:
- Using the unit risk, determine at which concentrations, the risk level (RL) will be:

$$RL \stackrel{\text{def}}{=} CR = [Exp] \times \text{Unit Risk}$$

- 1 person in 10,000
- 1 person in 100,000
- 1 person in 1,000,000

- Divide the target risk levels by the unit risk to get concentration:

- $1 \times 10^{-6} / 2 \times 10^{-5} (\mu\text{g}/\text{m}^3)^{-1} = 0.05 \mu\text{g}/\text{m}^3$

- Policy influences the target level between 1 in 10,000 to 1,000,000 selected as an “acceptable” or de minimis human health risk



# Applications of Age Dependent Adjustment Factors (ADAFs)

For mutagenic carcinogens (typically, but not exclusively):

- Supplemental Guidance for Assessing Susceptibility from Early-Life Exposure to Carcinogens (U.S. EPA, 2005) recommend applying ADAFs

## Application of ADAFs to MeEtD cancer risk following a lifetime (70-year) inhalation exposure

Age group (years)	ADAF	Unit risk (per $\mu\text{g}/\text{m}^3$ )	Example Exposure concentration ( $\mu\text{g}/\text{m}^3$ )	Duration adjustment	Cancer Risk for Specific Exposure Durations
0–<2	10	$2 \times 10^{-5}$	1	2 years/70 years	$5.7 \times 10^{-6}$
2–<16	3	$2 \times 10^{-5}$	1	14 years/70 years	$1.2 \times 10^{-5}$
$\geq 16$	1	$2 \times 10^{-5}$	1	54 years/70 years	$1.5 \times 10^{-5}$
Total risk					$3.3 \times 10^{-5}$

...exposure level for 1 in 1,000,000 RL would change from 0.05  $\rightarrow$  0.03  $\mu\text{g}/\text{m}^3$

## *Important Risk Assessment Definitions:* **Exposure Assessment**

- Identifying the **pathways** by which toxicants may reach individuals, estimating how much of a chemical an individual is likely to be exposed to, and estimating the **number likely to be exposed** (EPA's Terms of Environment).
- The determination or estimation (qualitative or quantitative) of the **magnitude, frequency, or duration, and route** of exposure (EPA's Exposure Factors Handbook).



# Exposure Assessment

## Who is exposed?

- Characteristics of the population?
- Size of the population?

## How are they exposed?

- Route?
- Magnitude?
- Frequency?
- Duration?

## Quantify Exposure

### Descriptive:

- Point of contact measurement

### Predictive:

- Dose reconstruction
- Scenario evaluation